

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2		1					52					
3		2					53					
4		(1)					54					
5		(1)					55					
6		(1)					56					
7		(1)					57					
8		(1)					58					
9		(1)					59					
10	1						60					
11		1					61					
12		2					62					
13		(1)					63					
14		(1)					64					
15		(1)					65					
16		(1)					66					
17		(1)					67					
18		(1)					68					
19		(1)					69					
20							70					
21							71					
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37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	19						TOTAL DEP.					
TOTAL CLAIMS	21						TOTAL CLAIMS					